



Application to Prepare Audio Generated Court Transcripts

SFN 54390 (08/21)

Name of Applicant: _____

Address: _____

Telephone: _____

Email: _____

You are requesting authorization to prepare transcripts from:

☐ Audio Recording

☐ Digital Recording

What is your per page rate for transcript preparation?

References:

1. Name: _____

Address _____

Telephone: _____

2. Name: _____

Address _____

Telephone: _____

3. Name: _____

Address _____

Telephone: _____

Signature of Applicant

Date

For Court Administrative Use:

Comments:

Type of Transcript:

☐ Analog

☐ Digital

Authorized Signature

Date

